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SCALY VENEREAL DISEASE.

(SYPHILIS SQUAMOSA, SCALY VENEREAL DISEASE [CARMICHAEL,] SYPHILIS CORNEA, LEPRA SYPHILITICA, PSORIASIS SYPHILITICA.)

[By Dr. ZEISSL, Professor at the General Hospital at Vienna. Translated for the Boston Medical and Surgical Journal from the Allgemeine Wiener Medizinische Zeitung, Nos. 38–39, 1862, by B. JOY JEFFRIES, M.D., Boston.]

IF we consider the scaly venereal diseases as genuine affections of the skin, we must recognize a pityriasis syphilitica, and perhaps, also, an eczema syphilitica squamosa. These are not, however, distinct elementary forms of disease, but rather transmutations or stages of distinct syphilitic affections of the skin. Thus, an accompanying symptom of syphilitic erythema is a branny desquamation on the head, like pityriasis. So, also, a branny defurfuration is seen on the haired portions of the face after syphilitic impetigo on this part. The miliary papular syphilide, also, when it runs an acute course, is followed by copious defurfuration. Hence it is evident that the form which has been called pityriasis syphilitica may be equally the sequela of various syphilitic affections of the skin, just as occurs in the common diseases of this organ. Moreover, the eruptions deeply implicating the cutis, as ecthyma syphiliticum, rupia syphilitica, cause a constant desquamation over the cicatrices so long as these latter retain any color.

As respects psoriasis syphilitica, we think the same must be said of it, as a distinct form, as was remarked of pityriasis syphilitica; namely, that we can recognize no syphilitic affection of the skin that may be considered as originally dependent upon a degeneration of the epidermal layer, as hypertrophy of the epidermis, or as scaly tubercles. That which from analogy is generally called psoriasis syphilitica, is nothing else than a papule or a tubercle in the stage or process of desquamation. That the psoriasis syphilitica, which is also known by some authors as lepra Willani, is but a metamorphosis of another syphilide, follows from the fact that all authors agree in this psoriasis gyrata or lepra syphilitica being an old recidivate syphilis; that is, developing on such persons who have formerly exhibited papules or tubercles. Now if these papules or tubercles are

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grouped in a circle and desquamate, or abort by not fully developing, they will thus form a scaly ring in the form of psoriasis gyrata (lepra syphilitica).

Those affections of the skin accompanied by abnormal formation of epidermis on the palms and plantar surface of the feet are more worthy of the title of psoriasis, and have always been designated as psoriasis syphilitica palmaris and plantaris, because they in the course of their development, and after long continuance, give rise to continued formation of scales. But, as we shall soon show, these affections are only macular or papular eruptions in the process of metamorphosis.

Psoriasis syphilitica palmaris or plantaris is developed thus: on the vola manus or planta pedis appear circular, faint reddish-colored spots, the size of a linseed or a pea, which gradually rise slightly above the surface. The pale or rosy red of the eruption becomes slowly brownish. After this pale reddish color, which marks the stage of hyperæmia of the affected portion, has disappeared, and the brownish-red color fades, the thickening of the epidermis commences, which then so resembles a callus that the patient for a long time imagines that it was caused by pressure with a knife or some other instrument or implement. This callus is, however, either gradually spontaneously thrown off or removed by the patient.

Examining this callus a little closer, we find it composed of a mass of horny, shrunken epidermis, with an amorphous exudation on the surface lying next the cutis. After removing the callus, the skin underneath appears thinned, deep red, stamped out, as it were, with an edge of undermined epidermis, and the surface covered with a very delicate epidermal layer.

If we regard this phase as the second stage of psoriasis syphilitica palmaris or plantaris, then this affection of the skin may be considered as having a first stage when there is thickening, and a second when there is thinning of the epidermis.

The efflorescence just spoken of has not, however, always a circular form, which is explainable by the anatomical character of the skin of the vola manus and planta pedis. On all other portions of the body, exudations which form efflorescences on the skin are mostly deposited in the sebaceous glands, and so, as it were, cast in a mould, taking necessarily the circular form of the follicle. On the palm and sole of the foot, from the absence of sebaceous glands, this cannot take place, and the exudation is deposited indiscriminately between the cutis and the epidermis. Perhaps, also, the greater adherence of the cutis to the underlying fascia, and the thickness and want of elasticity of the epidermis, may contribute in mechanically compressing the efflorescence.

Appearance of the Eruption on the Vola Manus and Planta Pedis.—In most cases only ten, twelve or fifteen spots show themselves at the commencement, and these are evenly distributed over the palm.

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Course.—In some cases psoriasis palmaris or plantaris may heal spontaneously, without the assistance of art, both in its first and its second stages; in the former by the exudation being absorbed, and in the latter by the epidermis assuming its normal character through regeneration. In most cases, however, new eruptions take place in the neighborhood of those already desquamating, the exudation continuing to be deposited upon those places where exfoliation is going on. Hence several papules join and thereby alter the form of the efflorescence, assuming more and more the circular shape. Further than this, the exudation collects and exfoliates in thicker and thicker layers, especially in the furrows of the hand and the sole of the foot, producing fissures, which have long had the name of "rhagades syphiliticæ," from the Greek word ῥάγας (fissure, cleft). These are troublesome to the patient, because they cause pain and bleeding at every motion of the part. The longer psoriasis palmaris and plantaris exist, the more the disease spreads laterally.

Accompanying Symptoms.—Psoriasis palmaris and plantaris occur, in most all cases, in company with erythema syphiliticum maculosum, or maculo-papulosum and the papular syphilide. When erythema syphiliticum maculo-papulosum reaches to the wrist, the above-mentioned commencement of psoriasis palmaris always appears upon the palms. In the chronic papular syphilide, psoriasis palmaris generally occurs when the papular syphilide has entered upon its second stage of eruption, that is, has begun to recede.

The fact that so great a difference exists between the eruption on the wrist and the palm, would show that psoriasis palmaris and plantaris is simply a form due to the locality, just as we have explained in respect to the moist papules in the papular syphilide. Psoriasis palmaris and plantaris is the repetition of the same elementary process which takes place on the rest of the general integument of the body, and which is only altered by the anatomical character, the greater adherence, firmer consistency and want of elasticity of the skin. Just so the flat condyloma resembles, from its greater development in the abundant cellular tissue of the affected part, a papule on other portions of the body. We may, therefore, consider psoriasis palmaris and plantaris simply as an abortive development of the papular syphilide.

The chief reason why psoriasis palmaris and plantaris have been and are considered as substantially syphilitic affections, may be sought for in the fact that they last a much longer time than the accompanying symptoms on the skin; for the absorption of the exudation and restitution of the epidermis takes place much more slowly on the palms and soles of the feet than on other portions of the common integument.

Besides occurring with syphilitic erythema and the papular syphilides, psoriasis syphilitica sometimes also accompanies acne and varicella syphilitica, although we ourselves have observed this but very

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rarely. There is generally a considerable loss of hair with individuals suffering from psoriasis palmaris and plantaris, and onychia syphilitica is also associated with the latter.

Besides the above-mentioned psoriasis palmaris and plantaris, which we may regard as a maculo-papular form, we believe we should mention a rarer form of syphilitic affection of the skin of the vola manus and planta pedis. This consists, namely, in a diffuse, evenly-distributed, sudden, horny transformation of the upper layers of the epidermis, whereby these portions of the skin present a very peculiar appearance, as if the affected epidermis had changed into a fine dullish-white silver brocade.

As to the relative frequency of this affection on the palm and sole, we think we may state that it in most cases occurs at the same time on the vola manus and planta pedis. In many cases, however, it appears only on the palm, and in rare cases on but one hand or one foot.

From our experience, psoriasis palmaris and plantaris must always be considered as the symptom of acquired syphilis. We have never had an opportunity of witnessing it in the new-born infant.

Differential Diagnosis.—Here we would warn against diagnosticating, like a fortune teller, any slight epidermal thickening on the palm or sole of the foot, at once as a syphilitic affection. This is a mistake that not only occurs in the routine of practice, but is also made by men of scientific attainment, and not seldom to the detriment of the patient. Fallopius's saying, "*quoties ego video rhagades in manubus, indicium certum profero gallici,*" is a very doubtful maxim, and one liable to give rise to many errors of diagnosis.

Psoriasis syphilitica palmaris and plantaris are most frequently confounded with psoriasis vulgaris palmaris and plantaris, as also with common eczema of the palm and sole. Common psoriasis on these parts differs from the syphilitic by causing larger, more separated plaques. The affected portions of the skin, when freed from the scales, moreover, have a more bluish-red color, whilst the syphilitic has, as is well known, a coppery red. The epidermal scales of psoriasis vulgaris are much whiter, and more difficult to remove, than those of psoriasis syphilitica. The syphilitic scale represents a thickened epidermal lamella, whilst the other is more like an agglomerate of diseased epidermis cells. The centre of the psoriasis vulgaris scale is raised, but that of psoriasis syphilitica is depressed. Common psoriasis of the palm and sole is always associated with general psoriasis, so that we shall scarcely find a patient with the former who does not exhibit psoriatic plaques in the neighborhood of the knee-pan or elbow, whilst the syphilitic form on the vola manus and planta pedis may occur either alone, that is, after the maculo-papular syphilide has disappeared from the rest of the body, or in connection with other syphilitic affections of the common integument, the mucous membrane, the glands, or of the bones.

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Eczema palmare differs from syphilitic psoriasis palmaris in that it causes varying appearances on the epidermis of the hand, according to the particular stage of the eczema. If the eczema palmare is still recent, we find scattered, or grouped, hyaline vesicles, whose contents are gradually absorbed or evaporated, whereby the former epidermal covering of the vesicle becomes a thickened parchment-like scale of epidermis. If the fresh eczema vesicle is pricked or scratched off, a gummy fluid exudes, whilst the exudation of psoriasis syphilitica is always dry. These dried masses of eczematous exudation when grouped together, partly composed of old cast-off epidermis and partly of the now dried fluid, form a yellow, thickened epidermal plate covering the affected part, and are easily removed. Examining such an epidermal lamella we find on the surface towards the cutis the marks of the former vesicles, a sort of negative impression of the latter. Underneath the layer, when removed, is a very delicate new epidermic sheet, of a rose or else deep-red color, that in a few days is covered with a new eruption of vesicles. Such groups of vesicles may naturally, when in large numbers and becoming confluent, cover the whole palm, and by continued exudation produce such a thickening of the epidermis, that from its consistency and color it may be best likened to a mummified parchment-like rind. The color of this epidermis often resembles that produced by nitric acid on the latter. As respects locality, syphilitic psoriasis palmaris more generally affects the middle of the palm, whilst eczema palmare occurs on the radial and ulnar borders. Moreover, in eczema palmare we generally find eczema vesicles on the interdigital surfaces or backs of the affected fingers, which is not the case in psoriasis syphilitica palmaris. Finally, no eczema causes such an itching during its origin as eczema palmare and plantare, so that the patient is not content to scratch the part with the nails, but endeavors to appease the desire by rubbing against the most sharp-pointed objects, and thus wounding himself.

Psoriasis palm. syph. maculo-papulosa always begins with dark-red spots the size of a linseed to that of a pea, leaving, after they have faded, an epidermal thickening of corresponding size. This horny epidermis thickens more and more, the central portion as large as a pin's head is thrown off, so that we have a disk of epidermis with a hole in the middle. Underneath this, when it is either thrown off or forcibly separated, lies a thinned, coppery-red-colored epidermis, surrounded with an undermined border of the same, marking the sound from the diseased part. Such thickening and thinning of the epidermis may unite, and so, especially in the folds of the palm, form furrows or cracks in the skin. Notwithstanding this peculiar degeneration of the epidermis there is no itching caused by it, and hence the patient does not feel impelled to scratch the part.

Besides these local appearances, the accompanying symptoms of

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this affection that point to syphilis must be noticed, and we shall seldom find a psoriasis palmaris or plantaris syph. without more or less loss of the hair, and a diseased condition of the finger or toe nails. Moreover, there will be noticed on the rest of the general integument or on some portions of the mucous membrane, plaques muqueuses in different stages of development.

In many cases the occupation of the patient might assist the beginner in his differential diagnosis, as in the eczema of the washer-women, the so-called psoriasis of the washer-woman, or eczema of the bakers (scabies pistorum).

Prognosis.—As respects prognosis, it is the same in all the syphilides, only that one cannot insure against a relapse or an increase of the constitutional affection.

Psoriasis palmaris and plantaris syphilitica must, however, be reckoned amongst the most stubborn forms, both on account of their long duration and their resistance to treatment, and the physician must therefore expect a hard struggle. The erythematous or papular syphilide on the other portions of the body may fade within ten or twelve days, whilst this epidermal thickening of the palm often shows no sign of involution after weeks of treatment.

Psoriasis palmaris is in so far a good omen for the patient, as it represents the dry syphilides and thus relieves the fear that there is anywhere dangerous suppurative softening of the more important organs, for example, exudation in the pupil, or under the periosteum or in the bones.

ON GOLD DUST AND IRON FILINGS, AS AN ANTIDOTE FOR CORROSIVE SUBLIMATE.

By Christopher Johnston, M.D., Baltimore, Md.

In the year 1841, a rejected lover, at that time a visitor in Baltimore, committed suicide by taking a large dose of the corrosive chloride of mercury. The case fell into the hands of Dr. Thomas H. Buckler, who employed, unavailingly, all the known antidotes for this destructive agent, and had the misfortune to see his patient die in great agony. The failure of art to relieve made a strong impression upon Dr. Buckler, and he forthwith instituted experiments with the view of ascertaining by observation the efficacy and value of the various articles used or proposed to counteract the poisonous effects of the mercurial salts.

In the course of these experiments upon pigs and dogs, it occurred to him to magnify the *galvanic test* into an antidote—for, said he, if the corrosive chloride in solution, being placed on a bright gold surface, and touched with an iron point which is also brought in contact with the gold, undergoes decomposition, there is no reason why gold and iron in the form of powder, as exposing great surface,

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